2021 Annual Report to the Massachusetts Board of Registration Instructions

Please see the required forms for your program's 2021 Annual Report (Report) to the Massachusetts Board of Registration in Nursing (Board).

The Report is intended for **pre-licensure** nursing programs. Registered nurses enrolled in a program for the purpose of obtaining a degree (RN to BSN) are not to be included in the Report.

Completion of the Report, is required by nursing programs in compliance with regulation 244 CMR 6.05(3)(b), and serves as the program's application to the Board for continuation of program approval. The Report is designed to reflect the nursing program's compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the **2020-2021** academic year. The Report is a legal record that is retained permanently by the Board.

The program administrator must submit an electronically signed Report to the Board no later than **November 1, 2021.** The Board will notify the program administrator and the chief executive officer of the parent institution in writing of the program's approval status.

Important: Massachusetts Board regulation 244 CMR 6.07(3) require the program administrator of a Board-approved nursing education program to notify the Board of <u>all</u> program changes including but not limited to admission of 10 or more additional students; change in the overall length of the program and change in physical facilities/location), excluding those at 244 CMR 6.07(1) (b) and (1) (c) that require Board approval prior to implementing. The Program Administrator will use the Board provided forms to report Program changes when submitting the Program's Annual Report to the Board. Each form will direct the Program to submit the required documentation to demonstrate compliance with 244 CMR 6.04. Program Change Reports can be found on the Board website: https://www.mass.gov/guides/nursing-education-programs-compliance-guidelines-and-reports
Please contact the Board with any questions regarding which form to use.

<u>Prior to submitting the Report to the Board please review the following:</u>

- ☐ The Report is completed on the forms provided. **<u>Submit as a Word document.</u>**

- ☐ All Admission, Graduate and Enrollment numbers are verified and totaled

- ☐ All Faculty and Preceptor data is complete and accurate
    - • Name must be provided as it appears on nursing license
    - • Nursing license must be current during the **2020-2021** academic year

- ☐ Each program type (PN, RN, BSN and Direct Entry) submitted individually
    - • Each program assigned a NCSBN program code requires an individual Report

- ☐ All program changes are reported
- ☐ The program administrator has electronically signed the Report
- ☐ The Report is electronically submitted to the email address provided

Reports that are incomplete or not signed by the program administrator will be returned resulting in delays in program approval.

A copy of *244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof* is available at www.state.ma.us/dpl/boards/rn (see Rules and Regulations).

2021 Annual Report to the Massachusetts Board of Registration in Nursing Academic Year 2020-2021
244 CMR 6.05 (3) (b)

NURSING EDUCATION PROGRAMS PREPARING GRADUATES FOR REGISTERED NURSE AND PRACTICAL NURSE LICENSURE

Section A.

An individual Report must be submitted for each program type. Please complete ALL of the following sections.

Parent Institution Information

Parent Institution:	
Address:	
City, State, Zip:	
Chief Executive Officer Name and Credentials:	
CEO Email	

Parent Institution Accreditation Status

Agency:	
Last Review:	
Outcome:	
Next Review:	

Nursing Education Program Information

Nursing Education Program:	
Address:	
City, State, Zip:	
Nursing Program Administrator Name and Credentials:	
Program Administrator Massachusetts Nursing License Number:	
Program Administrator Email:	
Academic Year Start/End Date	
Number of Weeks in Semester	
Nursing Program Type:	
NCSBN Program Code:	

Program Website:	
Date of Last BORN Site Survey:	

Nursing Program Accreditation Status

Accreditation Agency	
Last Review (Accreditation Cycle and Year):	
Outcome:	☐ Initial Accreditation ☐ Not Accredited ☐ Continuing Accreditation
	☐ Continuing Accreditation with Conditions Follow-Up Report due: _____
	☐ Continuing Accreditation with Warning Follow-Up Report/Follow-Up Visit due: _____
	☐ Continuing Accreditation for Good Cause Follow-Up Report/Follow-Up Visit due: _____
Next Review (Accreditation Cycle and Year):	Click here to enter text.

Nursing Program Options & Student Data

*Admissions: Report the number of new students matriculated for the first time and identified as nursing majors admissions for the Program during **Academic year 2020-2021**.*

*Graduates: Report the number of students who graduated from the nursing education program during **Academic year 2020 - 2021**.*

*Enrollment: Report the total number of students enrolled during **Academic year 2020 - 2021**.*

Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year for each option.

Full-time faculty are those individuals who are dedicated full time to this Program Option.

Program Option Name:	
Location Name:	
Delivery Method:	☐ Face-to-Face ☐ Hybrid ☐ Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	☐ 0% ☐ 1–24% ☐ 25–49% ☐ 50–100%
Admissions	
Graduates	
Student Enrollment	
Full-time faculty	
Full-time faculty to student ratio	1:
Part-time faculty	

Program Option Name:	
Location Name:	
Delivery Method:	☐ Face-to-Face ☐ Hybrid ☐ Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	☐ 0% ☐ 1–24% ☐ 25–49% ☐ 50–100%
Admissions	
Graduates	
Student Enrollment	
Full-time faculty	
Full-time faculty to student ratio	1:
Part-time faculty	

Program Option Name:	
Location Name:	
Delivery Method:	☐ Face-to-Face ☐ Hybrid ☐ Distance Education
Percentage of Nursing Credits Delivered by Distance Education:	☐ 0% ☐ 1–24% ☐ 25–49% ☐ 50–100%
Admissions	
Graduates	
Student Enrollment	
Full-time faculty	
Full-time faculty to student ratio	1:
Part-time faculty	

Total Nursing Program Student Data (all program options/cohorts/locations combined)

Admissions	
Graduates	
Student Enrollment	
Full-time faculty to student ratio for all program options	1:

Section B.
244 CMR 6.04(1) Mission & Governance

Does the nursing program have written plan for systematic evaluation of all components of the program?	☐ Yes ☐ No
Is the systematic evaluation plan used for?	☐ Development of the program ☐ Maintenance of the program ☐ Revision of the program
Does the systematic evaluation plan include the following outcomes?	☐ NCLEX performance ☐ Admission rates ☐ Retention and graduation rates

	☐ Graduate satisfaction
	☐ Employment rates and patterns
Does the systematic evaluation plan include the evaluation of the 11 Board required policies?	☐ Admission
	☐ Progression
	☐ Attendance
	☐ Course Exemption
	☐ Advanced Placement
	☐ Transfer
	☐ Educational Mobility
	☐ Withdrawal
	☐ Readmission
	☐ Graduation
	☐ Student Rights and Grievances
Does the program publish its current Board-approval status on **all** official publications?	☐ Yes ☐ No

244 CMR 6.04(2) Faculty

Please refer to the regulations at 244 CMR 6.04(2) when reporting faculty data. All faculty teaching classroom, clinical or lab must hold a Massachusetts nursing license in good standing.

Total Number of Faculty

Full-time faculty are those individuals who are dedicated full time to this Program.

Part-time faculty are those individual who are **not** dedicated full time to this Program.

Full-time:	
Part-time:	

Does the program verify all nursing faculty maintain expertise appropriate to teaching responsibilities?	☐ Yes ☐ No	
Full-time Faculty **Highest Degree in Nursing:** Please do not report all nursing degrees. For each faculty member report only the highest nursing degree held.	Doctorate Masters Bachelors	Percent of Full-time Faculty Percent of Full-time Faculty Percent of Full-time Faculty
Part-time Faculty **Highest Degree in Nursing:** Please do not report	Doctorate	Percent of Part-time Faculty

all nursing degrees. For each faculty member report only the highest nursing degree held.	Masters　　　　　Percent of Part-time Faculty Bachelors　　　Percent of Part-time Faculty

Faculty Retention Rates:

Number of full-time nursing faculty employed by the program during academic year 2020-2021	
Of the full-time faculty employed how many remained employed at the end of academic year 20-21	
Full-time Faculty Retention Rate	

Number of part-time nursing faculty employed by the program for academic year 2020-2021	
Of the part-time faculty employed during the academic year how many remained employed at the end of academic year 20-21	
Part-time Faculty Retention Rate	

Waivered Faculty **RN Programs Only:**

Number of Faculty on a Waiver:	
Total Number of Full-time and Part-time Faculty	
Percent of Total Faculty on a Waiver	
Number of Faculty on Waiver Option 1	% of Total Waivers
Number of Faculty on Waiver Option 2	% of Total Waivers
Number of Faculty on Waiver Option 3	% of Total Waivers Is a formal mentoring plan in place for all nursing faculty on Waiver Option 3? ☐ Yes ☐ No

	Full-time Faculty Profile Table					
*Please include the following for all full-time nursing faculty employed during the **2020/2021 academic year.*** *1. Nursing license with expiration date.* *2. Dates of employment* *3. All Nursing academic degrees and completion dates* *4. Each component (didactic, lab or clinical) of each course taught by each faculty*						
Last Name	**First Name**	**MA RN License**	**Dates of Employment**	**Academic Degrees, Years (List all degrees)**	**Assigned Nursing Courses (didactic, lab, or clinical)**	**Waivered faculty? If yes, which option?**
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	☐ Yes Waiver option ☐ No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	☐ Yes Waiver option ☐ No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	☐ Yes Waiver option ☐ No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	☐ Yes Waiver option ☐ No

Part-time Faculty Profile Table						
*Please include the following for all full-time nursing faculty employed during the 2020/2021 academic year.* *1. Nursing license with expiration date.* *2. Dates of employment.* *3. All nursing academic degrees and completion dates* ***4. For Waiver 1 faculty include program type with the expected date of completion.*** ***5. For waiver 2 faculty, include the related non-nursing graduate degree.*** *6. Each component (didactic, lab or clinical) of each course taught by each faculty should also be include.*						
Last Name	**First Name**	**MA RN License**	**Dates of Employment**	**Academic Degrees, Years (List all degrees)**	**Assigned Nursing Courses (didactic, lab, or clinical)**	**Waivered faculty? If yes, which option?**
---	---	---	---	---	---	---
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	☐ Yes Waiver option ☐ No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	☐ Yes Waiver option ☐ No
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Date of Hire End Date if applicable	Click here to enter text.	Click here to enter text.	☐ Yes Waiver option ☐ No

244 CMR 6.04(3) Students

Please refer to the regulations at 244 CMR 6.04(3) when reporting student data.

For Academic Year 2020-2021

Number of qualified applicants:	
Number of qualified applicants admitted and enrolled:	
Number of qualified applicants reported as admitted on the 2020 Annual Report to the Board:	Change in percent of admitted applicants from the 2020 Annual Report
How many students were dismissed from the program	based on the published progression policy?
	for unsafe/unethical behavior?
	based on clinical performance?

Admission Policies

Does the program require all candidates for admission to provide satisfactory evidence of secondary school graduation or its equivalent?	☐ Yes ☐ No
Does the program require all candidates for admission to provide immunization requirements specified by the Massachusetts Department of Public Health?	☐ Yes ☐ No
Does the program publish current policies which describe the specific nondiscriminatory criteria for the eleven Board required policies?	☐ Admission ☐ Progression ☐ Attendance ☐ Course Exemption ☐ Advanced Placement ☐ Transfer ☐ Educational Mobility ☐ Withdrawal ☐ Readmission ☐ Graduation ☐ Student Rights and Grievances

244 CMR 6.04(4) Curriculum

244 CMR 6.04 (4) Curriculum:

Program Option Name:	Click here to enter text.

For each nursing course, please include: *1.Type of course* *2.The course number and title* *3.Total credit for each course* *4.Total semester clock hours for each component of each course:* *5. The established credit to contact hour ratio for each component of each course.* *6. Total number of weeks in semester.*					
Type of Course (Science, Art, Humanity, Nursing)	Course Number and Title	Credit Hours	Clock hours for each component (if applicable)	credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components)	For clinical hours only: please delineate the total time and percentage of the total time spent in: 1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experience 4. Other learning opportunities such as case studies
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter		Didactic	Didactic	1.Direct Patient Care

	text.		Laboratory Simulation Clinical	Laboratory Simulation Clinical	2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or

					care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter		Didactic Laboratory	Didactic Laboratory	1.Direct Patient Care 2. High Fidelity Simulated

| | | | Simulation Clinical | Simulation Clinical | Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping |
| text. | | | | | |

Program Option Name:	Click here to enter text.				
For each nursing course, please include: *1.Type of course* *2.The course number and title* *3.Total credit for each course* *4.Total semester clock hours for each component of each course:* *5. The established credit to contact hour ratio for each component of each course.* *6. Total number of weeks in semester.*					
Type of Course (Science, Art, Humanity, Nursing)	Course Number and Title	Credit Hours	Clock hours for each component (if applicable)	credit-to-contact hour ratios for didactic/lectures, laboratory, and clinical experiences (e.g., 1:1 for didactic, 1:2 for laboratory/simulation, and 1:3 for clinical components)	For clinical hours only please delineate the percentage of time spent in: 1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experience 4. Other learning opportunities such as case studies
Click here to enter			Didactic	Didactic	1.Direct Patient Care

text.	Click here to enter text.		Laboratory Simulation Clinical	Laboratory Simulation Clinical	2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping

Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care

					plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences 4. Other learning opportunities such as case studies; care plans and/or care mapping
Click here to enter text.	Click here to enter text.		Didactic Laboratory Simulation Clinical	Didactic Laboratory Simulation Clinical	1.Direct Patient Care 2. High Fidelity Simulated Experiences 3. Virtual Experiences

					4. Other learning opportunities such as case studies; care plans and/or care mapping

244 CMR 6.04(5) Resources

Faculty Student Ratios	Minimum	Maximum
Didactic	**1:**	**1:**
Laboratory	**1:**	**1:**
Clinical	**1:**	**1:**

Does the program utilize support personnel in the laboratory for nursing courses?	☐ Yes ☐ No
Are written affiliation agreements with cooperating agencies utilized as clinical learning sites current?	☐ Yes ☐ No
Do written affiliation agreements with cooperating agencies utilized as clinical learning sites state that the faculty are responsible for evaluation of the student?	☐ Yes ☐ No
Do written affiliation agreements with cooperating agencies utilized as clinical state that the cooperating agency retains responsibility for patient safety?	☐ Yes ☐ No

Preceptor Profile Table						
Last Name	**First Name**	**RN License (if outside of MA please indicate state)**	**Nursing Academic Degrees, Years (List all nursing degrees)**	**Name of Agency/ Title**	**Preceptor: Student Ratio**	**Faculty Clinical Instructor**
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	RN Date of Expiration	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.

Cooperating Agencies in Massachusetts						
Name of Agency	**Unit**	**Course**	**Type of Clinical Experience**	**Dates**	**Faculty: Student Ratio**	**Faculty Clinical Instructor**
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.

Cooperating Agencies Outside of Massachusetts						
Name of Agency	**Unit**	**Course**	**Type of Clinical Experience**	**Dates**	**Faculty: Student Ratio**	**Faculty Clinical Instructor**
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	1:	Click here to enter text.
Click here to enter text.	Click here to enter text.		Click here to enter text.	Click here to enter text.	1:	Click here to enter text.

Program Graduates						
Last Name	**First Name**	**Date Started**	**Graduation Date**	**Program Option**	**Length of Time to Complete Program**	**Percent of Time to Complete Program**
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		
	Click here to enter text.			Click here to enter text.		

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Section C. Outcomes

Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include a timeline (e.g., 70% of students will complete the program in 150% of the program length).

First-time Performance on Licensure/Certification Examination Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Licensure Examination Pass Rate
	20__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

Performance on Program Completion – Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Program Completion Rate
	20__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

Performance on Job Placement – Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Program Job Placement Rate
	20__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

Admission Rates Reported on Annual Reports – Aggregated for Entire Program		
Expected Level of Achievement from Systematic Evaluation Plan	Year	Admissions Rate
	20__	%
☐ Same as above	20__	%
☐ Same as above	20__	%

Section D. Required Documentation
(To be included as an Appendix)

Notification of a 6.07 Board Approval of Specific Nursing Education Program Changes
Check one

☐ I have no program changes to report in compliance with 6.07(3).

☐ I am submitting the attached program changes in compliance with 6.07(3) requiring Board notification of program changes when submitting the Annual Report. (Please list changes)
1.
2.

Person Preparing Report

Last Name   First Name   Title

As program administrator, I certify under the pains and penalties of perjury, that this program complies with those requirements specified in state regulations, 244 CMR 6.00, respective to program type. If the nursing education program is not in compliance with state regulations, cite the regulations with which the program does not comply, and advise the Board of Registration in Nursing of the program's plan for corrective action, including timeframes.

Last Name   First Name   Title

Signed:

X _____

Please email completed form to nursingannualreports@massmail.state.ma.us